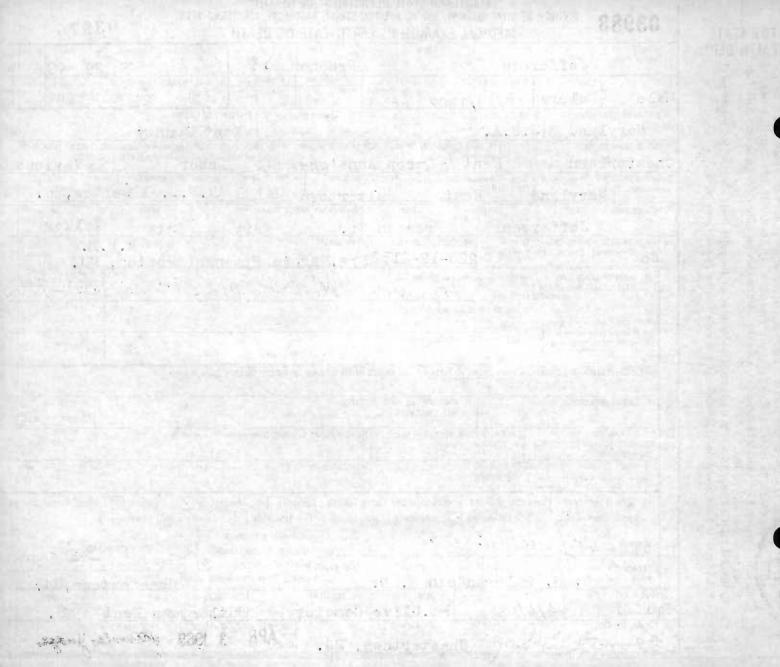
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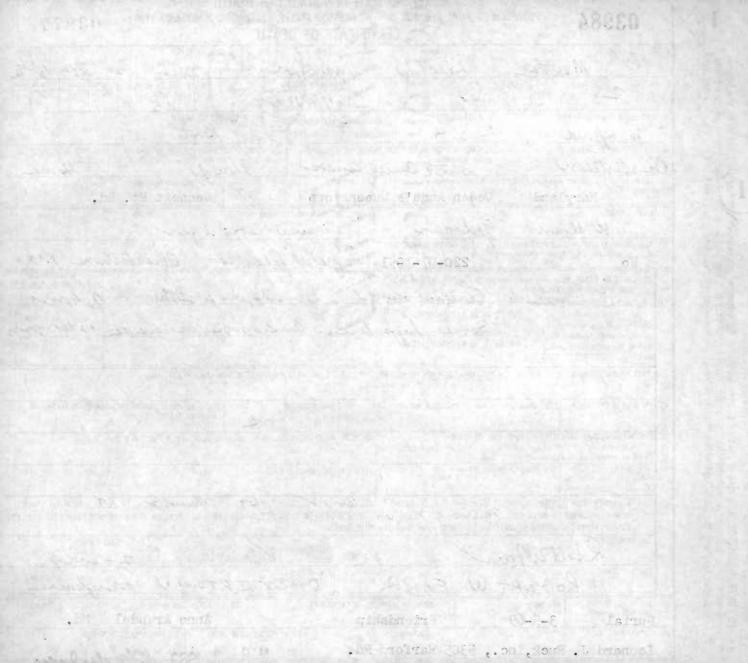
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03975 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR within 2, nours after death. (Type or print) Hans Month Ernest Fischer March 3. SEX 4. RACE S. DATE OF BIRTH in by the Pages signed by the attending physician and campletely filled in by the to burial-tronsit permit. Then pleose remove corban papers. Pages l burial, crematian, or removal, and in any event, within 72 hours aftel 6. AGE (In years LE UNDER I YEAR (F LINDER 24 HRS White Male 6/18/03 lost birthdov) 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED KM US Germany Kent WIDOWED [DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.)
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	103983 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	* 0
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MAKTLAND STATE DEPARTMENT OF HEALTH



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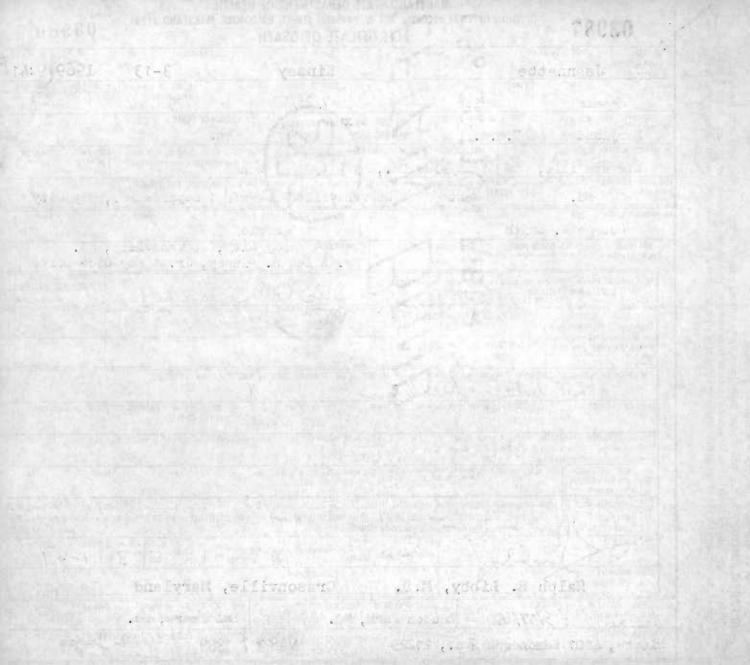


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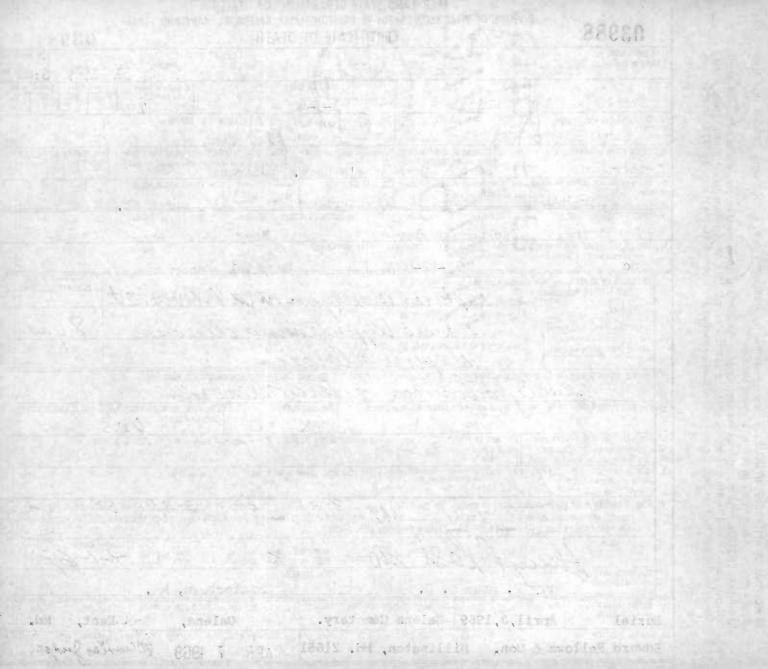
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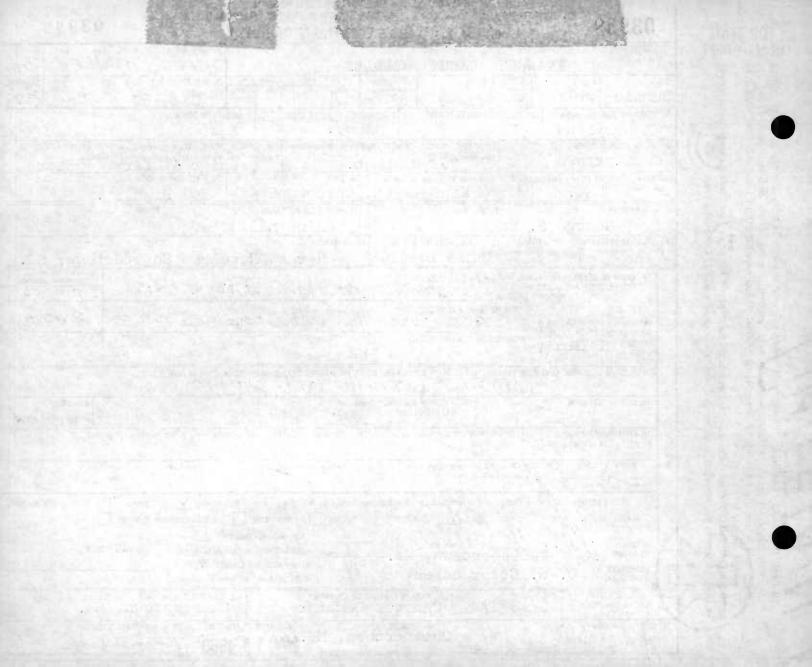


12-1			D	DIVISION OF VITAL RECOR			FFT RAITIMOS		ND 21201		
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÷ -2÷			First	Middle		Last	2a.	DATE OF DEATH			
deoth nerol ond 2 deoth.	(Type or print) Pat	sy	Ann		Leager	10000	Ŋ	lonth Day	1969	
	3. S			4. RACE		S. DATE OF BIR	RTH	16 AG	E (In years	1F UNOER 1 YEAR	
to the second		Female	350	White		1-3-42			birthday)	MONTHS DAYS	HOURS MIN
Si S	7a.	BIRTHPLACE (State or fareign	7b	o. CITIZEN OF WHAT COUNTRY?	B. MADDIE	D NEVER MARK		UNTY OF DEATI			
in in ers.	cou	Maryland	14.5	USA	WIDOWE		CED FETH				
hin 24 filled n pape thin 77	10.	CITY OR TOWN OF DEATH		11. NAME OF HOSPITAL OF			12a. USUAL OCC	ent UPATION (Kind	of work done	12h KIND OF	Md.
e executed within 24 hours after and completely filled in by the function of the following sevent, within 72 hours after	Ch	estertown		give street address) Kent & Que	en Anne	's Hosp.	during most of	working life, e	ven if retired.)	INDUSTRY	DOSINESS ON
ecuted with completely ove corbon y event, with	13o.	USUAL RESIDENCE (Where dission) STATE	eceosed	lived, if institution: Residence before	re 13c. CITY		13d. INSIDE CITY LIMITS?	13e. STREET A	ND NUMBER		
compose ove	Odili	Maryla	nd	13b. COUNTY Kent	Ches	tertown	YES NO	123 00	een St.		
exe emo	14.	ATHER'S NAME First		Middle Las		15. MOTHER'S MAI	IDEN NAME First		Middle		Last
d in de		Andrew		Jackson Taylo	r		Many		Anna	Thom	26
equires that the deoth certificate be exec physician. signed by the attending physician and co burial-transit permit. Then please remo burial, cremotion, or removat, and in any		was DECEASED EVER IN U.S. es, na, ar unknawn) (If yes		FORCES? 16b. SOCIAL SECUR	TY NO. 17	. INFORMANT			Address		
1 1		no no	g	213-42-0	271		Hospital	Peggr	ds		
The emo		18. CAUSE OF DEATH (Ente	er only o	ane cause per line for (a), (b), and	(c).)					A BETWEEN OF	MATE INTERVAL NSET AND GEATH
andi nit.		PART I. DEATH WAS CA		CAUSE (a) Kupture	occue.	crucu	cht. M.	id. Cere	bralan		
atte on,		4300		DUE TO, OR AS A CONSEQUENCE		//					
the the notification		Conditions, if ony, which g rise to immediate cause	ave)	(b) Sever	ley	conten	sino o	lesea	20	86	110.
tha an. by ron cren		stoting the underlying co	use (DUE TO, OR AS A CONSEQUENCE		0	,			/	
res /sici ned ial-t ial,		last.		(c) Nepple	1010	leros	co				
agui phy sigr bur bur				TIONS CONTRIBUTING TO DEATH BU	NOT RELATED	TO THE TERMINAL	DISEASE OR CONDIT	ION GIVEN IN PA	RT 1(a)		
ing sen	NO		ere		al a	idere.	orcles	ore-			
The low requires the attending physician. has been signed by se os the burial-tror h prior to burial, cre	S	19a. DATE OF OPERATION	19b. CON	NOTION FOR WHICH OPERATION WAS	PERFORMED	20a. AUTOP	SY?	20b. IF YES, W	ERE FINDINGS CO	NSIDERED IN CE	RTIFYING
The att	CERTIFICATION					YES	NO 🗌	CAUSES OF DE	46		
AN: ol or cate or u		21a. ACCIDENT WAS UNDER		21b. TIME OF INJURY HOUR A.M. Manth Day Y	21c.	HOW INJURY OCCU	JRRED (Enter notur	e of injury in Po	ort 1 og Port 2, It	em 18.)	
Signature Signat	MEDICAL	(If either, natify medical ex	kaminer)	P.M.	19						
Page 4 may be retained by the hospital or attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in toy. The full director, page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages should be filled with the State Dept. of Health prior to burial, cremotion, or removat, and in any event, within 72 hours after	×	While Not while	21e. PLA	ACE OF INJURY (AT HOME, FARM, STREET OFFICE BUILDING, ETC.	FACTORY.) 21f.	LOCATION Street	or R.F.D. Na.	City or Tow	'n	County	State
N V th			(+bis	hospital) attended the dece	sed from	2-31	1969	to 2-	2/ 10	60 that	(I) (wa) last
NDI NDI Id b Id b Id b e Si		saw the decease	d alive	e an 3-3/	_1967, a	nd that in (my) (our) opinian	death accurr	ed on the dot	e ond hour o	and fram the
Ogne oine		causes stated of	ove, (I	l) (we) (did) (did net) view t	e body ofte	r deoth.		V. E			D. H. M.
R A retrest		22b. SIGNATURE		11/200	612	ATTENDING	G MED.	STAF	22c. D	ATE SIGNED	10
L OR DIRE TO DIRE		COL DINCIPLANCE THE	111	4 / Russ	M1) DE	SKEE PHYS.	DIRECTO	R L PHYS	<u> </u>	-1-6	7'
ITA moy SAL SAL be f		22d. PHYSICIAN'S NAME (Type)	303077	D Door N D		22e. ADDR			37.1	/	Md. OF BUSINESS OR Last ODDIES CONMAND INTERVAL EN ONSET AND OFATH CERTIFYING State (State)
OSP 9. 4 mNEi old	00.			P. Ross M. D.	e criteres:			ertown,			
TO HOSPITAL Page 4 may be to FuneRal D director, page should be file		001101111 10 11 1	23b. DATI		of CEMETERY C			LOCATION (City		INDUSTRY BER Staddle Last APPROXIMATE INTERVAL BETWEEN ONSET AND OFATH BETWEEN ONSET AND OFATH OINGS CONSIDERED IN CERTIFYING County State County State 1 19 62, that (I) (we) last he dote and hour and fram the 22c. DATE SIGNED (County) (State) Kent, Md. TRAR'S SIGNATURE	
5-5-62	_	FUNERAL DIRECTOR	vbr 1	ADDR			2Sa. REC'D BY REGI	alena,			rice.
VR A15 (4) 45M - 1/69		dward Fellow	rs &			03053	DATE APR	7 1969	gelia	was Jac	ege.



FOR STATE		03989 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	03982
HEALTH DEPT.		Type or Print) OF ESTI- 2/1/	769 Year 2b. HOUR
Z, and 3 to PM3. Page	3. S	EX 4. RACE S. DATE OF BIRTH 6. AGE (in years if UNDER 1 YEAR if UNDER 24 HRS 2c. DATE PRONOUNCED DEAD lost birthday) MONTHS DAYS HOURS MIN. March Days	Year 2d House
1, 2, am PM	7a.	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	19 OPA
200		THAT Y TATION OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12a. USUAL OCCUPATION (Kind o	M. KIND OF BUSINESS OR
hours ofter death tem 18. Give Pages Office olong with for ond 2 with the Emp		Chestertown give street 3007 High St. during most of working life even it etired. IN Cashier & Clerk USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. IMMIDE CITY LIMITS? 13e. STREET AND NUMBER	Store
hours ofter Item 18. Giv Office olong ond 2 with 1	0	dmission) STATE Md. 13b. COUNTY Kent Chestertown STATE Md. 307 High St	•
	14. F	George F. Bacon Alice Miller Alice Miller	Last
thin arting pog		WAS DECEASED EVER IN U.S. ARMED FORCES? (es, na, or unknawn) (If yes give war or doles of service) (213 14 6768) 17. INFORMANT ADDRESS 213 14 6768 Horace Needles Chester	town, Md.
xecuted winding in permit Example permit. File it within 72		18. CAUSE OF DEATH (Enter only one cause per the for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Presumobly Coronary Thrombosis	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if ony, which gave) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave)	
word word the Ch riol-tre		rise to immediate cause (a), stating the underlying cause bust. DUE TO, OR AS A CONSEQUENCE OF OST. CONSEQUENCE OF	
s o ond	N.	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
	CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES NO
# 7 4 9	MEDICAL CE	21a. EXTERNAL CAUSE WAS PRIMARY OR CONTENBUTING HOUR A.M. P.M. 19 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item	18.)
3 4 v e	ME	21d. INJURY OCCURRED WHITE NOT WHITE AT WORK AT WORK 21e. PLACE OF INJURY (At home, form, street, at work At	County State
AL for for		220. I certify that took charge of the remains described obove, held an Autopsy , Inspection , Inquiry , death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner	and in my opinion
0_ 2_ 0 /		ACTUAL MILLOR AND CHIEF MEDICAL EXAMINER (2) DATE SIGN	GNED
o DEPUTY necessory, p the funeral 5 may be re 0 FUNERAL Health prio		31011011011C	/15/69
the Heat	230	BURIAL (REMATION, REMOVAL (Specify) 3/18/69 23c. NAME OF CEMETERY OR CREMATORY Chester Cemetery 23d. LOCATION (City or Town) (Comparison) (Compa	aunty) (State) Md.
VR A15ME (5). 10M REV. 1/68	24.	FUNERAL DIRECTOR Chestertown, Md. 250. REC'D BY REGISTRAR Chestertown, Md. 250. REC'D BY REGISTRAR Chestertown, Md. 260. REC'D BY REGISTRAR Chestertown,	

MAKTLAND STATE DEPAKIMENT OF HEALTH

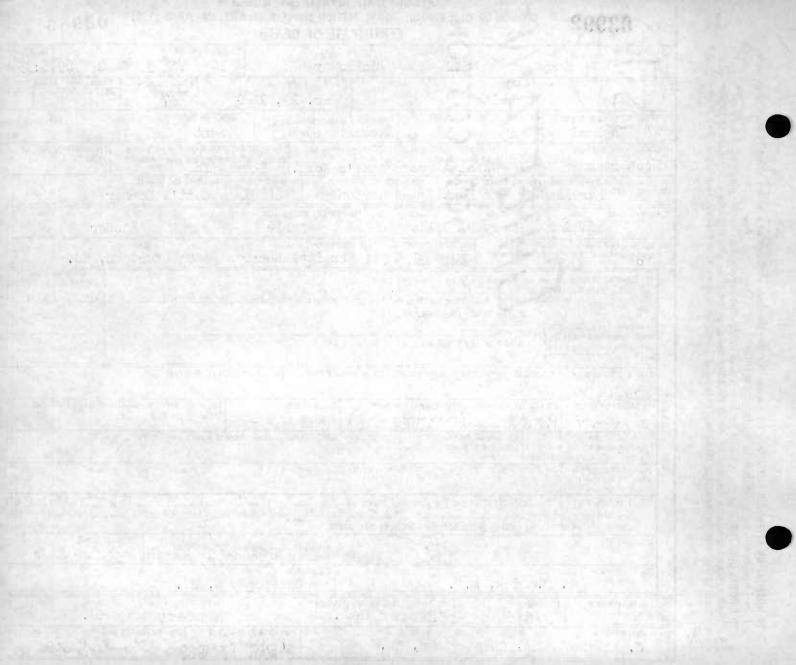


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0	03990		, 301 W. PRESTON STREET, BALT	IMORE, MARYLAND 21201	0.00
	00000		CERTIFICATE OF DEATH		03983
# \~~#	1. DECEASED-NAME Fi	st Middle	Lost	20. DATE OF DEATH	2b. HOUR
gen de	(Type or print) Ada	B1anche	Scott	Mar Month 24	v Year
- E	3. SEX	4. RACE	S. DATE OF BIRTH	6. AGE (In years	1969 7:35AM
aff aff	Female	White	Aug 8, 1899	last birthday)	MONTHS DAYS HOURS MIN
by Pa	7a, BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?		9. COUNTY OF DEATH	
h h sis.	(country) Maryland	U.S.A.	8. MARRIED NEVER MARRIED NOT		
led pape in 7	10. CITY OR TOWN OF DEATH			Kent AL OCCUPATION (Kind of work done	Md.
ertificate Berexecuted within 24 hours after death physician and completely filled in by the ruteral nen please remove carban papers. Pages 1. and 2 aval, and in any event, within 72 hours after death	Chestertown	give street address) Quee	en Anne's Hosp during m	ost of warking life, even if retired.) by-sitting	12b. KIND OF BUSINESS OR INDUSTRY
ed v	13a. USUAL RESIDENCE (Where dece	The later of the state of the later	13c. CITY OR TOWN 13d. INSIDE CITY L		
om om om om om om om one	Marylan Marylan	d 13b. COUNTY Kent	Chestertown YES X NO	□ 416 High St.	
cian and a	14. FATHER'S NAME First	Middle Last	IS. MOTHER'S MAIDEN NAME F	irst Middle	Lost
in Service	Edward	Watso	on Da	isy	Kendal1
Geds	16a. WAS DECEASED EVER IN U.S. A	RMED FORCES? 16b. SOCIAL SECURITY	NO. 17. INFORMANT	Address	
at the death certific	Yes, no, ar unknawn) (If yes gin	re war or dates of service) 217 16 9	156 Mrs. Doroth	y S. Parsons	Chestertown
cer The The	IB. CAUSE OF DEATH (Enter	only one cause per line for (a) (b) and (c)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ath if.	PART I. DEATH WAS CAU	anly ane cause per line for (a), (b), and (c) SED BY: DIATE CAUSE (a)	TO COCCAL N	(FILLIBITYS	BEIWEEN UNSET AND DEATH
de de mun, a	0360 IMME			CNINCIII	rung
t pe a	Canditions, if any, which gov	DUE TO, OR AS A CONSEQUENCE OF			
y #	rise ta immediate cause (a),((b)			
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifical Page 4 may be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physici directar, page 3 shauld be detached far use as the burial-transit permit. Then ple shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remayal, a	stating the underlying caus	(c)			Manager Control
ohy: ourign ourign	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO DEATH BUT N	IOT RELATED TO THE TERMINAL DISEASE ORC	ONDITION GIVEN IN PART 1(a)	
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ndilaw bee	190. DATE OF OPERATION 19	b. CONDITION FOR WHICH OPERATION WAS PE	RFORMED 200. AUTOPSY?	20b. IF YES, WERE FINDINGS (CONSIDERED IN CERTIFYING
the affe affe	190. DATE OF OPERATION 19		YES NO	CALIFEE OF DEATIES	TO THE STATE OF TH
ar a	210. ACCIDENT WAS UNDERLY	ING 21b. TIME OF INJURY		nature of injury in Part 1 or Part 2,	Itam 10 \
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the shauld be filed with the State Dept. af Health prior ta	GOR CONTRIBUTING CAUSE OF O	EATH HOUR A.M. Month Day Year		motore of injury at Fort F of Fort 2,	nem 10.)
rys hasp cer che pt.	- ZIV. INJUKI UCCUKKED IZI		CTORY.) 21f. LOCATION Street or R.F.D. No.	City or Town	County State
this this deta	at work at work				
by fiter bee	22a. I certify that (I) (this hospital) attended the deceas	ed from <u>Mar 20</u> , 19 (19 69 , and that in (my) (cur) api	59, to Mar 24, 19	69 , that (I) (we) last
END eed %: A Jild he S	saw the deceased	alive an Mar 24 ve, (I) (we) (did) (d id got) view the	19 69, and that in (my) (our) api	nian death accurred an the do	ate and haur and fram the
The Tolling the transfer of th	22b. SIGNATURE	ve, (1) (we) (ala) (ala not) view the	bady difer death.	1 00	NAME OF TAXABLE PARTY.
OR / BEC re 3 s d wij	220. SIGNATURE /- /11/	· DIMOR	MADEGREE PHYS M	IEU SIAFF -	DATE SIGNED 69
y by	22d. PHYSICIAN'S	7 / (00)	22e. ADDRESS	IRECTOR L PHYS. L	5 20 0/
RAI Pe		. Ross, M.D.		wn, Maryland	
OSI JNE Crtai			CEMETERY OR CREMATORY		(6.1)
Pag O Fl dire sha	230. BURIAL, CREMATION, 23th BUNIAL (Specify)		ey Chapel Cem.	23d. LOCATION (City or Town) Rock Hall,	(County) (State) Md.
- 00	24. HUNERAL DIRECTOR	3/20/09 WEST			
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03984 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. I. DECEASED-NAME First Middle 2a. DATE KNOWN Month Doy Year 25 HOUR (Type or Print) ESTIdelay i. vnd 3 ta 3. Page Steven 1969 Seney Ricardo ot DEATH MATED IF UNDER 1 YEAR IF UNDER 24 HRS 3 SFX 4. RACE S. DATE OF BIRTH 6. AGE (In years 2c. DATE PRONOUNCED DEAD 2d. HOUR PM3. parfm Year 12/21/68 Colored 19 69 Male IV ORS 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 12 9. COUNTY OF DEATH arm Kent County Maryland U.S.A. WIDOWED [DIVORCED [7] Pages 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Kent & Queen Anne's Hospital 12g. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH during most of working life, even if retired.) INDUSTRY Chestertown 13d. INSIDE CITY LIMITS? 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER land 2 with death 4 shauld be farwarded to the Chief Medical Examiner's Office alof 13K. COUNTY Kent Chestertown YES A NO [106 Lynchburg Street within 24 haurs in Item 1 after Middle 14. FATHER'S NAME Last IS. MOTHER'S MAIDEN NAME Middle Susie Thomas Godford Seney pages haurs 106 Lynchburg 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT pencil 16b. SOCIAL SECURITY NO. ADDRESS (Yes, no, ar unknown) Mrs. Susie Seney St. Chestertown. Md. File within be executed 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH DEPTICEMIA PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) PRESUMABL INKNOWN DUE TO, OR AS A CONSEQUENCE OF burial-transit ESPIRATORY Canditians, if ony, which gave rise to immediate cause (a). any certificate shauld writing the ward DUE TO OR AS A CONSEQUENCE OF stating the underlying cause . ⊆ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) D removal, be used 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? icate, YES 🗀 NO T 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 shauld HOUR A.M. PRIMARY OR CONTRIBUTING cremation, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, affice building, etc.) NOT WHILE SCHMIDT. LASTON please execute AT WORK 220. I certify Than took charge of the remains described above, held on Autopsy [7] Inspection . Inquiry and in my apinian director. death resulted fram: Natural causes Accident Suicide Hamicide Undetermined monner CHIEF MEDICAL EXAMINER Ilbrandse ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER' Health ADDRESS(Street, city, town, or county) Chestertown. Md. NAME (Type) S.Gulbrandsen M. 0 BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d_LOCATION (City or Town) (County) Pondtown Queen Anne's 4/1/69 Bethel A.M.E. Cem. 24. FUNERAL DIRECTOR Chestertown,

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1	03993 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH	3986
	Male White July 20, 1905 ost Manies	
	70. BIRTHPLACE (State or foreign country) Maryland USA WIDOWED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED Kent	Md.
	13c. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) MSTATE yland 13b. COUNTY Kent Rock Hall YES NO 13d. INSIDE CITY LIMITS? YES NO 13d. INSIDE CITY LIMITS? YES NO 13d. INSIDE CITY LIMITS?	
	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle William M. Wagner Rachel Virginia Atk	inson
	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, ar unknawn) (If yes give wor or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT Address 218-05-8177 Mrs. Anna Hurst-Newark, December 218-05-8177 Mrs.	laware
	18. CAUSE OF DEATH (Enter anly one cause per line for (a) (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause (b) DUE TO, OR AS A CONSEQUENCE OF Lost. DUE TO, OR AS A CONSEQUENCE OF Cardio V ascular (b) DUE TO, OR AS A CONSEQUENCE OF Lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	BETWEEN ONSET AND DEATH
1	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO 20b. IF YES, WERE FINDINGS CONSIDER CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18	
	Or CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year [If either, natify medical examiner] P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. Caun While Not while	
	22a. I certify that (I) (this haspital) attended the deceased fram wash 17, 1969, to mark 14, 1969 saw the deceased alive an wash 24, 1969, and that in (my) (aur) apinian death accurred on the date and causes stated abave, (I) (we) (did) (did nat) view the bady after death.	th 25°0y 1989 3P. M In years if under 1 YEAR if under 24 HRS. Md. wark done if retired.) INDUSTRY NUMBER XXX Middle Lost 1a Atkinson Address ark, Delaware APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 1 or Part 2, Item 1B.) Caunty State 144, 1944, that (1) (we) last to the date and haur and from the last in the date and haur and from the last in the date and haur and from the last in the date and haur and from the last in
	Medicat C. Vilsely Medicat Phys. 3-	OCCUPATION (Kind of work done of of portional fields) 13.6. STREET AND NUMBER With Middle Cast Wirsinia Atkinson Address Approximate Interval Between Onset And Death Wirsinia Atkinson Address Approximate Interval Approximate Interval Approximate Interval Approximate Interval Approximate Interval Approximate Interval Address Approximate Interval Appr
	March 28 Wesley Chapel Rock Hall, Mar	unty) (State)
	24. FUNERAL DIRECTOR R. Lane Church Hill, Md. 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNAL Church Hill, Md. DATE FR 1 1969 Church	TURE

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3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years let winder) YRS. 70. BIRTHPLACE (State or foreign of what country? 70. BIRTHPLACE (State or foreign of what country? 70. COUNTY OF DEATH 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.) 70. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.) 70. COUNTY OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.) 71. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.) 72. COUNTY OF DEATH 12. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) 73. SEX 74. ARCE 75. DATE OF BIRTH 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH 120. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) 121. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.) 122. KIND OF BUS INDUSTRY 133. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before light of the country of the co	2b. HOUR 8 3 8 M JINDER 24 HRS. JURS MIN. Md. INESS OR
(Type or print) A Mes A RACE S. DATE OF BIRTH 6. AGE (In years let whoter Itaka in the solid lost birthday) Yes. 70. BIRTHPLACE (Stote or foreign or the solid lost birthday) Yes. 70. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH Country) 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if tetired.) 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before loddress) 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before loddress) 131. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if tetired.) 132. USUAL RESIDENCE (Where deceased lived, if institution: Residence before loddress) 133. USUAL RESIDENCE (Where deceased lived, if institution: Residence before loddress) 134. NAME FIRST ARYLANDISC (ITY UNINIS) 135. STREET AND NUMBER Middle Lost 14. EATHER'S NAME 15. AUSE OF DEATH (Enter only one couse per ling for (a), (b), ond (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) DUE TO, OR AS A CONSEQUENCE OF lost. (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	Md. INESS OR MINESS OR
3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years list under tyrax is an approximate to the terminal disease or conditions, if ony, which gove rise to immediate course (a). 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (if not in hospitol) 120. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before lost.) 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First 16. SOCIAL SECURITY NO. 17. INFORMANT AND STREET AND NUMBER 18. CAUSE OF DEATH (Enter only one couse per ling for (a), (b), and (c). 18. CAUSE OF DEATH (Enter only one couse per ling for (a), (b), ond (c). 18. CAUSE OF DEATH (Enter only one couse per ling for (a), (b), ond (c). 18. CAUSE OF DEATH (Enter only one couse per ling for (a), (b), ond (c). 19. PART 1. DEATH WAS CAUSED BY: 19. IMMEDIATE CAUSE (a) 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (if not in hospitol) 12. INFORMANT AND STREET AND NUMBER 13. INSIDE CITY MINISTRY 13. INSIDE CITY MINISTRY 13. INSIDE CITY AND STREET AND NUMBER 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First 16. SOCIAL SECURITY NO. 17. INFORMANT AND STREET AND NUMBER 18. CAUSE OF DEATH (Enter only one couse per ling for (a), (b), ond (c).) 18. CAUSE OF DEATH (Enter only one couse per ling for (a), (b), ond (c).) 19. INFORMANT AND STREET AND NUMBER 18. CAUSE OF DEATH (Enter only one couse per ling for (a), (b), ond (c).) 19. INFORMANT AND STREET AND NUMBER 19. INFORMANT AND STREET AND NUMBER 10. SOCIAL SECURITY NO. 20. STREET AND NUMBER 21. AD STREET AND NUMBER 22. AD STREET AND NUMBER 23. ASSOCIAL SECURITY NO. 24. AD STREET AND NUMBER 25. AD STREET AND NUMBER 26. STREET AND NUMBER 27. AD STREET AND NUMBER 28. ASSOCIATE STREET AND NUMBER 29. AD STREE	Md. INESS OR
Country) A A R J AND UNITED STATE WIDOWED DIVORCED LOVENTION (Kind of work done give street oddress) 10. CITY OR TOWN OF DEATH Chestey Town Male 11. Name of Hospital or Institution (If not in hospital during most of working life, even if retired.) 130. USUAL RESIDENCE (Where deceosed lived, It institution: Residence before last. CITY OR TOWN odmission) STATE MARY AND 13b. COUNTY REVITED NO LIST. MINISTER CITY UMITS? 14. FATHER'S NAME First Middle Lost List. Informant Queen Anne Address Yes, no, or unknown) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stoting the underlying couse lost. (c)	OSP JA
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130. USUAL RESIDENCE (Where deceosed lived, it institution: Residence before odmission) STATE AR LAW 13b. COUNTY Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13e.	N Md.
CAR (NMN) Webb Jr. MARY Elizabeth Bolison Was Deceased Ever In U.S. ARMED FORCES? Yes, no, or unknown) (Il yes give wor or doles of service) 218-50-1175 Hospital Records Chestertow 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse (b). Out To, or as a consequence of (c) UER HONDOWN UCLEOSIS UNER TO US MONONUCLEOSIS UNER TO US MONONUCLEOSIS UNER TO US MONONUCLEOSIS (c)	N Md.
160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF conditions, if any, which gave rise to immediate couse (a), stoting the underlying couse (b) NFECTIOUS MONONUCLEOSIS 4 WES DUE TO, OR AS A CONSEQUENCE OF (c)	N Md.
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stoting the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF (c)	
lost. (c)	EKS
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? YES NO 200. ACCIDENT WAS UNDERLYING 1216. TIME OF INJURY 1216. HOW INJURY OCCURRED (Finer nature of injury in Port 1 or Port 2. Item 18.)	YING
를 (If either, notify medicol exominer) P.M. Month Doy Yeor	
While Not while of work of work	Stote
22a. I certify that (1) (this haspital) attended the deceased from 3-15, 1969, to 3-30, 1969, that (1) saw the deceased alive an 3-30, 1969, and that in (my) (our) apinion deoth occurred an the date and have accuses stated abave, (1) (we) (did) (did nat) view the body after death.	(we) last fram the
226. SIGNATURE THE DEGREE PHYS. MED. STAFF 22c. DATE SIGNED 3-30-6	9
1 22d. PHYSICIAN'S NAME (Type) JORGE A. OTEIZA 22e. ADDRESS CHESTER TOWN - Md.	
Burial (Specify) April, 2, 1969 Still Pond Cemetery. Still Pond, Kent, M	Stote)
24. FUNERAL DIRECTOR ADDRESS ADDRESS 250. REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS DAPR 3 1969 Colored Colore Colored Colored	

